



October 20 - November 9, 2007
Non-Medicare Retirees

Open Enrollment

Benefits Choices 2008





What Should I Have Received in the Mail?

Packet including:

- **General Information Letter**
- **Annual Open Enrollment Booklet (2008)**
- **Medical Plans Comparison Chart**
- **Open Enrollment Change Form**

Presentation Topics

- **What's New for 2008**
- **Open Enrollment Process Tips**
- **Choosing a Medical Plan**
- **2008 Medical Overview**
- **How to Get the Most from Your Benefits**
- **Member Resources**
- **2008 Dental Overview**
- **Open Enrollment Contact Info**
- **Questions**

What's New for 2008?

- **Catalyst Rx is replacing PharmaCare effective January 1, 2008, for UHC Premier PPO members**
- **New enrollments of combo families (Medicare and non-Medicare members) in separate health plans (e.g., UHC Premier PPO and Presbyterian MediCare PPO) is restricted**

Catalyst Rx Changes

- **Catalyst has different preferred drug list so the status of your drug may change (e.g., from preferred to non-preferred)**
- **Retail pharmacy network will consist of 99% of the current network**
- **Mail Service will be provided by Walgreens Mail Service**
 - Most prescriptions with open refills will be transferred to Catalyst/Walgreens
 - Certain prescriptions such as controlled substances cannot be transferred and will require a new prescription from your provider
 - Register with Walgreens Mail Service first before ordering refills through mail order

Catalyst Rx Info

- **Welcome Kit mailed in mid-December**
 - Letter with general info
 - ID cards (1/single; 2/family)
 - Preferred brand name listing (condensed version)
 - Pharmacies (major) listing
 - Registration and prescription form
- **Present your new Catalyst ID card when getting a new prescription beginning January 1, 2008**
- **Pharmacy Help Desk 1-866-854-8851 (available 24/7)**
- **Website www.catalystrx.com – Username: SNL Password: SNL**
- **Sandia external website at www.sandia.gov, Resources for..., Employees and Retirees, Summary Plan Descriptions**
- **Catalyst reps will be available in the lobby**



Open Enrollment Process Tips

- Review “Medical Plans Comparison Chart”
- Review “Annual Open Enrollment” booklet for more information
- Use the “Medical Plan Estimator Tool”
- Complete “Open Enrollment Change Form 2008” (only if you require a change)
 - **Submit to Benefits by deadline of Nov. 9th**
- Confirmations will be sent to only those who make changes



Choosing a Medical Plan

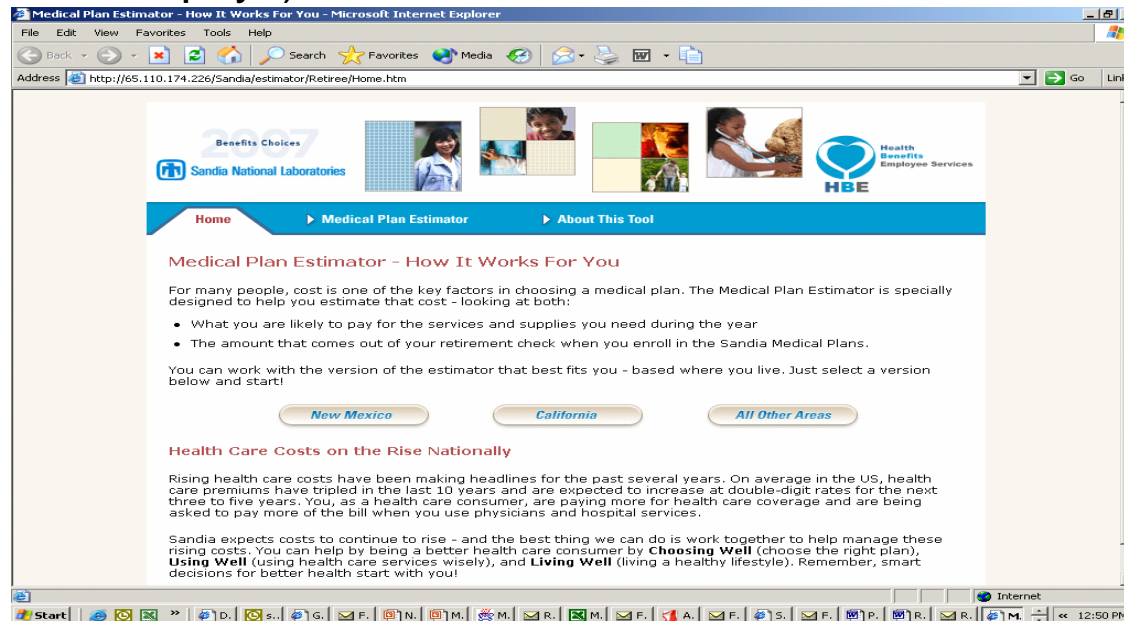
What to Consider When Choosing a Medical Plan

- **Provider Networks (e.g., doctors, hospitals)**
- **Benefits coverage**
- **In-network and out-of-network coverage**
- **Copays vs. coinsurance payment for services**
- **Prescription Drug formulary**
- **Coverage while on travel**
- **Dependent coverage**
- **Premiums, if applicable**



How do I know which medical plan is best for me?

- Want to choose the plan that gives you the most “bang for your buck”? Use the Medical Plan Estimator Tool!
- Estimates your costs for *both* premiums and out-of-pocket expenses (deductibles, copays)



Located on Sandia external website: www.sandia.gov under Resources for...

- **Employees and Retirees**
 - **Retiree Open Enrollment**



Medical Plan Estimator Tool

Medical Plan Estimator - New Mexico

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Medical Plan Estimator

[About This Tool](#)

Medical Plan Estimator

New Mexico

Step 1

Your Information (all fields are required)

Are you covering a spouse?

Yes ☐

How many dependent children are you covering? (maximum of 3)

0

Retiree status

- ☐ Retired before 1995
- ☐ Retired between January 1, 1995 and December 31, 2002
- ☒ Retired after December 31, 2002 with more than 30 years of service
- ☐ Retired after December 31, 2002 with 25 - 29 years of service
- ☐ Retired after December 31, 2002 with 20 - 24 years of service
- ☐ Retired after December 31, 2002 with 15 - 19 years of service
- ☐ Retired after December 31, 2002 with 10 - 14 years of service

Step 2 (optional)

Choose a general health status for each eligible person covered under your Sandia medical plan - for yourself, your spouse, and up to three dependent children.

Select the Health Status

Self

Generally Well ☐

Spouse

Significant Health Need ☐

Step 3

Use the columns below to specify exact medical service usage for each eligible person individually. If you selected a general health status above, you can modify the pre-defined scenario below.

Please enter whole numbers only. Do not use commas, decimals, special characters, or negative numbers

Your Anticipated Medical Needs for 2008

Medical Service	Cost Range*	Total Number of Times You Will Use the Service	Total Number of Times Your Spouse Will Use the Service
Preventive Care			
Adult Routine physical	\$170 - \$210	<input type="text" value="1"/>	<input type="text"/>

Well child exam	\$140 - \$180	<input type="text"/>	<input type="text"/>
Immunizations/flu shots	\$20 - \$30	<input type="text"/>	<input type="text"/>
Cholesterol screening	\$20 - \$50	<input type="text"/>	<input type="text"/>
Colonoscopy	\$2,800 - \$3,200	<input type="text"/>	<input type="text"/>
Bone Density	\$300 - \$1,700	<input type="text"/>	<input type="text"/>
PAP test	\$65 - \$85	<input type="text"/>	<input type="text"/>
PSA test	\$85 - \$125	<input type="text"/>	<input type="text"/>
Mammogram	\$300 - \$370	<input type="text"/>	<input type="text"/>
Outpatient Care			
Office - PCP visit	\$85 - \$120	<input type="text" value="1"/>	<input type="text" value="5"/>
Office - Specialist visit	\$420 - \$470	<input type="text"/>	<input type="text" value="5"/>
Urgent Care	\$270 - \$430	<input type="text"/>	<input type="text"/>
Emergency room visit	\$750 - \$910	<input type="text"/>	<input type="text" value="1"/>
Outpatient surgery	\$6,500 - \$7,500	<input type="text"/>	<input type="text"/>
Allergy treatment - testing	\$220 - \$400	<input type="text"/>	<input type="text"/>
Allergy treatment - serum	\$400 - \$820	<input type="text"/>	<input type="text"/>
Allergy treatment - shots	\$40 - \$65	<input type="text"/>	<input type="text"/>
Chiropractic /Acupuncture	\$105 - \$145	<input type="text"/>	<input type="text"/>
Physical/Occupational/Speech Therapy	\$180 - \$250	<input type="text"/>	<input type="text"/>
Lab/ Radiology			
Blood Test and Platelet count	\$30 - \$65	<input type="text" value="1"/>	<input type="text" value="1"/>
Biopsy	\$170 - \$200	<input type="text"/>	<input type="text"/>
Lipid Panel	\$85 - \$160	<input type="text"/>	<input type="text" value="1"/>
Comprehensive Metabolic Panel	\$65 - \$100	<input type="text"/>	<input type="text" value="1"/>
Coumadin Check	\$20 - \$40	<input type="text"/>	<input type="text"/>
X-Ray	\$150 - \$250	<input type="text"/>	<input type="text" value="3"/>
MRI	\$2,000 - \$3,400	<input type="text"/>	<input type="text"/>
CAT Scan	\$750 - \$950	<input type="text"/>	<input type="text"/>
Other Lab/Radiology expenses for covered services under the medical plan	Enter dollar amount	<input type="text"/>	<input type="text"/>
Hospital Services			
Inpatient	\$35,000 - \$45,000	<input type="text"/>	<input type="text" value="1"/>

Medical Plan Estimator Calculation

Without coverage, your total medical expenses for CY 2008 are estimated to be:

\$ 7,182.89

**These are the average medical costs (called "reasonable and customary") in your geographic area.*

The estimate of your total CY 2008 medical expenses above, and the out-of-network option comparison chart below, is based on the middle of the cost ranges shown above. For in-network care, the option comparisons are based on the discounted costs available through the plan networks. The in-network columns assume you use network providers for all services, while the out-of-network columns assume you never use network providers - giving you best-case and worst-case scenarios. You can also [view or print a comparison chart of the medical plans available](#).

Your Results

Option Comparisons

Your Costs (\$)	UHC HDHP PPO		UHC Premier PPO		CIGNA Premier PPO		CIGNA In-Network Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductibles	800.02	2,263.87	260.92	1,013.87	266.94	1,019.75	0.00
Copays (medical and prescription drugs)	2,035.84	0.00	2,035.84	0.00	1,742.04	0.00	620.00
Coinsurance	107.27	993.23	188.13	1,368.23	174.11	1,334.81	0.00
Expenses not covered	0.00	2,203.24	0.00	2,203.24	0.00	2,665.96	0.00
Total out-of-pocket costs	2,943.13	5,460.34	2,484.89	4,585.34	2,183.09	5,020.52	620.00
Non-Medicare retiree cost share (deductions from pensions)	1,464.00	1,464.00	1,740.00	1,740.00	1,728.00	1,728.00	1,728.00
Your Total Costs (\$)	4,407.13	6,924.34	4,224.89	6,325.34	3,911.09	6,748.52	2,348.00

Example Only - final in development.



2008 Medical Plans Overview



Medical Plan Options for 2008

**CIGNA Premier
PPO Plan**

**CIGNA
In-Network Plan**

**UnitedHealthcare
Premier PPO Plan**

**UnitedHealthcare
High Deductible
Health Plan**

**For details, see your 2008 OE
Retiree Booklet and Medical
Plan Comparison Chart**



Open Enrollment Coverage Options

Non-Medicare Member Plans	Medicare-Member Plans
UHC Premier PPO	UHC Senior Premier PPO
UHC High Deductible	UHC Senior Premier PPO
No corresponding plan	Presbyterian MediCare PPO
CIGNA Premier PPO	CIGNA Senior Premier PPO
CIGNA In-Network Plan	No corresponding plan
No corresponding plan	Lovelace Senior Plan

Aging-In Info

Non Combos

Combo Families

All Members are non-Medicare	Non- Medicare Members	Medicare-primary Members
CIGNA In-Network Plan	CIGNA In-Network Plan	Lovelace Senior Plan
CIGNA Premier PPO Plan	CIGNA Premier PPO Plan	CIGNA Senior Premier PPO Plan
UHC Premier PPO Plan	UHC Premier PPO Plan	UHC Senior Premier PPO Plan
UHC High Deductible Plan	UHC High Deductible Plan	UHC Senior Premier PPO Plan

Default Plans



Summarized Plan Comparison

Good News – No Plan Changes!

Plan Features	UHC HDHP	UHC Premier PPO	CIGNA Premier PPO	CIGNA In Network HMO
Individual Deductible	\$1,200	\$250	\$250	\$0
Coinsurance	20%	15%	15%	Copays
PCP Office Visit	20%	\$15	\$15	\$15
Specialist Office Visit	20%	\$25	\$25	\$25
Out of Pocket Max.	\$2,500	\$1,750	\$1,750	\$1,500
Rx Drugs (retail pharmacy):				
-generic	20%	\$6-\$12	\$6-\$12	\$10
-preferred brand	20%	\$25-\$40	\$25-\$40	\$30
-non-preferred brand	20%	\$40-\$60	\$40-\$60	n/a
Health Savings Account available?	yes	no	no	no
Out of Network?	yes	yes	yes	no
New Mexico Hospitals	Pres UNM	Pres/ UNM	Lovelace/ UNM	Lovelace/ UNM



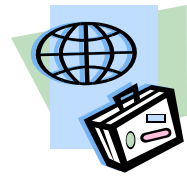
UHC High Deductible Health Plan and Health Savings Account

- If enrolled in the HDHP, you can contribute \$2,800/individual and \$5,650/family to a Health Savings Account (HSA) every year.
- HSA contributions can be deducted on tax return and investment returns are not taxed
- HSA account balances can be used to
 - **Reimburse current out-of-pocket medical expenses**
 - **Reimburse future out-of-pocket medical expenses**
 - **Pay for future Medicare premiums and out-of-pocket expenses**
- HSAs cannot be established and further contributions can not be made after you are enrolled in Medicare



What is Applied to Deductibles and Out-of-Pocket Maximums

- ☐ Copays (e.g., \$15/PCP visit, \$25/specialist visit) under the UHC/CIGNA Premier PPO Plans (including Rx copays/coinsurance) are **NOT** applied to deductibles or to out-of-pocket maximums
- ☐ Copays under the CIGNA In-Network Plan **DO** apply to the out-of-pocket maximum (except for Rx drug copays)
- ☐ Deductibles and coinsurance amounts (e.g., 15%, 20%, 30%) **DO** apply to out-of-pocket maximums (with some exceptions)
- ☐ Deductibles and out-of-pocket maximums are **NOT** cross applied between in-network and out-of-network benefits
- ☐ Under the UHC High Deductible Health Plan, the coinsurance (e.g., 20%, 30%) amounts **DO** apply to the deductible and out-of-pocket maximum (including Rx drugs)



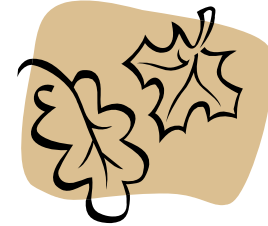
Emergencies, Urgent Care, Follow-up Care

Call 911 if you require immediate medical or surgical care or go to the nearest hospital!

If admitted, call member services within 48 hours or as soon as reasonably possible.

- If you are traveling:
 - Emergencies and urgent care are covered worldwide under all plans
 - Follow-up care
 - UHC HDHP, UHC Premier, and CIGNA Premier PPO Plans
 - Follow up care (outside USA) is covered in-network
 - Follow-up care (within USA) is covered if see in-network provider
 - Follow-up care (within USA) is covered in-network if there is no network provider within 30 miles
 - CIGNA In-Network
 - Follow up care (outside USA) is NOT covered
 - Follow-up care (within USA) is covered only if received from in-network providers

What Do I Do When I Turn 65?



Within a few months before reaching age 65...

- Enroll in Medicare Parts A and B
 - Approximately 2-3 months before you turn 65, you should receive information from Sandia Benefits and Medicare
- Once you reach age 65, the Retiree Medical Plan Option is available to transition from the employee plan as follows:
 - UHC Senior Premier PPO for aging-in UHC Premier PPO members
 - CIGNA Senior Premier PPO for aging-in CIGNA Premier PPO members,
 - Lovelace Senior Plan for aging in CIGNA In-Network members, (must complete Lovelace enrollment paperwork to assign Medicare)
 - Lovelace Senior Plan for retirees whose spouse is already in this Plan (must complete Lovelace enrollment paperwork to assign Medicare)
 - Presbyterian MediCare PPO Plan for retirees whose spouse is already in this Plan (must complete Presbyterian enrollment paperwork to assign Medicare)
- Coverage takes effect the first day of the month in which you reach age 65
- Contact Medicare or your local Social Security office for Medicare Parts A and B information



Continuation of Coverage for Surviving Spouse

Medical Coverage

- Coverage for surviving spouse and enrolled dependents is provided for six months, after retiree's death, at the same premium-share rate that retiree paid
- To continue coverage after six months, surviving spouse/dependents must elect continuation of coverage prior to the end of this six-months period
- Continued coverage (7th month and beyond) cost is 50% of the full medical premium for the applicable medical plan
- Continued coverage is available until surviving spouse remarries, dependent children become ineligible and/or coverage is terminated with Sandia
- Premiums for 2008 can be located in the Retiree Open Enrollment Booklet



Continuation of Coverage for Surviving Spouse

Dental Coverage

- Dental coverage for surviving spouse and eligible dependents is discontinued at the end of the month of retiree's death
- Coverage may be temporarily continued (COBRA process), for up to thirty-six months, by paying the monthly COBRA surviving spouse/dependent group rate



How to Get the Most from your Benefits



Maximizing Your Benefits

- **Preventive Care – covered 100% in all plans**
 - Annual Physical including CBC, urinalysis, metabolic profile, diabetes screening, thyroid screening
 - Pap Test, PSA Test, Mammography, Colonoscopy, Bone Density Testing at certain intervals
 - Immunizations, including flu shots
- **Prescription Drugs**
 - Use Generics – much lower copays and costs for therapeutically equivalent medicines
 - Mail Order for maintenance medications – can save up to half of the cost of retail and convenient delivery
- **Stay in the network!**
- **Get any necessary pre-authorizations from the claims administrator) ahead of time**



UnitedHealthcare

Pre-certification Requirements

UHC Plans – must call prior to certain services

- ◆ Congenital heart disease services
- ◆ Dental services stemming from an accident/injury/sickness
- ◆ Durable medical equipment (DME) with a purchase/cumulative rental value of \$1,000 or more (includes oxygen)
- ◆ Home health care
- ◆ Hospice care
- ◆ Hospital inpatient stays
- ◆ Reconstructive procedures
- ◆ Air ambulance services
- ◆ Skilled nursing facility/inpatient rehab
- ◆ Transplant services
- ◆ Certain behavioral health benefits

Failure to pre-notify will result in reduction of benefits by \$300.

CIGNA

Pre-certification Requirements

CIGNA Premier PPO/CIGNA In-Network Plan

- ◆ Ask your provider to handle this for in-network care
- ◆ You are responsible for out-of-network care
- ◆ Services that need pre-certification include:
 - ◆ Hospital stay
 - ◆ Surgical procedures (inpatient or outpatient)
 - ◆ Acupuncture
 - ◆ Biofeedback
 - ◆ Dental service stemming from an accident or illness
 - ◆ Durable medical equipment (DME) including oxygen
 - ◆ External prosthetic appliances
 - ◆ Home health care
 - ◆ Hospice care
 - ◆ MRI, CT and PET scans
 - ◆ Varicose veins treatment, etc.
- ◆ Most Outpatient behavioral health services do not require prior authorization

Failure to pre-certify will result in reduction of benefits by \$300.



UHC PremiumSM Designation Program

- This Program identifies physicians and cardiac facilities that follow *nationally recognized medical guidelines*
- Compare quality and costs of health care providers in treating specific conditions
- ★ one star denotes quality
- ★★ two stars denote quality and efficiency



UHC PremiumSM Designation Program – 22 specialty areas

- Proceduralists
 - Cardio-thoracic surgery
 - Interventional cardiology
 - Electrophysiology
 - Neurosurgery
 - Orthopedic surgery
 - Spine surgery
 - Total joint replacement
 - Sports medicine
- Non-Proceduralists
 - Allergy
 - Nephrology
 - Neurology
 - Oncology
 - Pulmonology
 - Rheumatology
 - Cardiology (non-interventional)
 - Endocrinology
 - Family medicine
 - Infectious disease
 - Internal medicine
 - OB/GYN
 - Gastroenterology
 - Pediatrics

UHC PremiumSM Designation Program

Look for the stars when you search for a physician....

Sort Results By: UnitedHealth Premium Jump to: Page 1

Compare List	Miles	Name / Address / Phone	Specialty	UnitedHealth Premium SM ?	Additional Details
add	1.3 miles	Chinea, Eugenio R, MD 2833 BABCOCK RD STE 435 SAN ANTONIO, TX 78229 (210) 614-5855 map Address Book more...	INTERNAL MEDICINE	★★ Internal Medicine	Extended Office Hours: Graduation Date: 07/01/1986 Secondary Language: Spanish Gender: Male Education: UNIVERSITY OF MARYLAND; BALTIMORE MD Hospital Affiliation: Methodist Hospital
add	1.3 miles	Montemayor, Raul M, MD 2833 BABCOCK RD STE 435 SAN ANTONIO, TX 78229 (210) 614-5855 map Address Book more...	INTERNAL MEDICINE	★★ Internal Medicine	Extended Office Hours: Graduation Date: 06/30/1968 Secondary Language: Spanish Gender: Male Education: TULANE UNIVERSITY; NEW ORLEANS Hospital Affiliation: Baptist Medical Center, Christus Santa Rosa Hospital, Methodist Hospital, Southwestern General Hospital, St Lukes Baptist Ho
add	1.3 miles	Petroff, Peter, MD Petroff, Peter, MD Website 2833 BABCOCK RD STE 435 SAN ANTONIO, TX 78229 (210) 614-5855	INTERNAL MEDICINE	★★ Internal Medicine	Extended Office Hours: Graduation Date: 07/01/1968 Secondary Language: Spanish Gender: Male Education: UNIVERSITY OF ILLINOIS; CHICAGO, IL

Out of 1511 physicians in NM, 158 received 1 star and 754 received 2 stars



What About Explanation of Benefits (EOB) ?

- UHC sends Health Statements
- If you prefer Explanation of Benefits...
 - Can still access EOBs online at myuhc.com
 - To continue to receive paper EOBs,
 - Call customer service OR go online to myuhc.com
 - Select “claims center”
 - Select “your claims”
 - Select “Set EOB mailing preferences”
 - Put an “X” next to “I wish to receive paper copies of Explanation of Benefits (EOB) statements through the mail”
- CIGNA EOBs remain the same

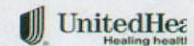


Member Resources

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Deborah Nunez

Plan Name: Options PPO

Group#: 0708576

Member#: **[REDACTED]**

My Coverage [Details](#)

Out-of-Pocket Max

\$1500 individual

\$3000 family

Hello Deborah
What would you like to do today?



**View My
Claims**



[View Online St](#)



[View Account E](#)



**Look Up My
Benefits**



[Estimate Health](#)



[Extra Programs](#)



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Information Center

- [Ever wonder if a procedure was covered, or what it might cost?](#)
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- [myuhc.com site changes and upgrades as of 7/27/07](#)
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**Live Nu
Emerge**

Chat in real-time wit
about a variety of ge
topics.



UHC - Personal Health Record

- View your health and medical history
- Manage your family health history and track health conditions
- View and print a summary of your medications, conditions, procedures and lab results to take to doctor

The UnitedHealthcare logo, featuring the word "UnitedHealthcare" in a bold, sans-serif font, with "A UnitedHealth Group Company" in a smaller font below it.

Personal Health Record Summary—Jane Doe
01/01/2003 to 08/20/2005

About Me
Is this information correct? Contact your benefits administrator to find out how to make any changes to your address or other information.

1211 Forest Hills Drive
Cleveland, OH 44134
Date of Birth: 10/24/1953

My Condition Summary
Information about health conditions you have been diagnosed with is shown below. The numbers in parentheses are ICD codes, which doctors use to categorize diagnoses. These codes are used universally by doctors and health insurance companies. So, if you see a different doctor, he or she will easily understand your health history and health care needs.

Tear of Knee Secondary Diagnosis: Joint Effusion-Leg ICD Codes – Primary: 8360 Secondary: 71905 Date: 8/9/2005 First: 8/9/2005 Physician: Dr. Tomasz Mastelaerz	Diabetes Uncomplicated Type II Secondary Diagnosis: None ICD Codes – Primary: 25000 Secondary: None Date: 7/21/2005 First: 7/21/2005 Physician: Dr. Tomasz Mastelaerz
Popliteal Synovial Cyst Secondary Diagnosis: Pain in Limb ICD Codes – Primary: 72751 Secondary: 7295 Date: 7/21/2005 First: 7/21/2005 Physician: Dr. Tomasz Mastelaerz	Routine Medical Exam Secondary Diagnosis: None ICD Codes – Primary: V700 Secondary: None Date: 7/21/2005 First: 7/21/2005 Physician: Dr. Abebe Membe
Abnormal Pap Smear-Cervix Secondary Diagnosis: Human Papilloma Virus ICD Codes – Primary: 7950 Secondary: 0794 Date: 6/13/2005 First: 6/13/2005 Physician: Dr. Tomasz Mastelaerz	Allergic Rhinitis Secondary Diagnosis: Hypothyroidism ICD Codes – Primary: 4778 Secondary: 2449 Date: 6/13/2005 First: 6/13/2005 Physician: Dr. Bernard Brickman

UHC – Health Risk Assessment

[Program Help](#) | [Return to myuhc.com](#)

Healthy Living Programs



Step 1 Assess Your Health Step 2 Pick a Program

Welcome! Ready to start making healthy changes? First step is to assess your health and then choose a program below.

Your Assessment

Step 1 Do your daily choices support your health? The Health Assessment can help you understand and manage your health habits.

Health Assessment

This link will take you to a partner site.

Easy Start Program

Ways to ease into a healthier lifestyle

[About This Program](#)

[Start This Program](#)

Healthier Diet Program

Make simple substitutions for better eating

[About This Program](#)

[Start This Program](#)



MyCIGNA.com website

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Medical Encyclopedia*

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Search the encyclopedia for term(s) or browse by subject

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(Provided by [HealthWise®](#))

* Selecting links associated with this feature take you off myCIGNA.com and other CIGNA sites. CIGNA does not control or sponsor the linked sites content or links. [Details](#)

Health Tools

WebMD Health Tools and Resources

- ▶ Get personalized tools and information from your [WebMD smPersonal Health Manager*](#) (*id - cignauser1, password - cigna1*)
- ▶ Complete a [Health Risk Assessment](#) offered through WebMD Health Quotientsm. Get recommendations and information about lifestyle changes, self-care and medical care.* (*id - cignauser1, password - cigna1, Click "HealthQuotient" in left menu*)
- ▶ Use your secure [WebMD smHealth Record](#) to store health information, identify potentially harmful drug interactions, prepare for a doctor appointment and track your health status.* (*id - cignauser1, password - cigna1*)
- ▶ [Drug Comparison Tool*](#)-- Learn about drugs used to treat specific conditions. Review drug prices and check drug interaction information using WebMD sm.*

Maintaining Health and Wellness

- ▶ [Healthy pregnancies. Healthy babies](#) -- That's the goal of our prenatal care and patient education program. Educational materials from recognized sources.
- ▶ [Hospital Comparison Tool](#) - Compare hospitals based on specific illnesses or procedures. Response based on your needs or preferences from **Select Quality Caresm***

Discount Programs



This Month's He

Men's Health

Many men go for several years without a medical check-up. Get our men's [Preventive Health Guidelines](#) for the screening care information you need.

Your Health and Wellbeing
[newsletter](#): Diabetes: W



CIGNA & Health C

- ▶ [CIGNA HealthCare beat the odds](#). Make healthy choices. Receive preventive screenings. Seek treatment. We can help you lead a healthier life.



CIGNA – Cost Tracker

CIGNA.com

Summary For:

Ship: EMPLOYEE

Birth: 02/25/1969

Plan: OPEN ACCESS

Member Number: 3174704

Effective Date: 01/01/2003

Status: Active

Dependents:

Dependents on file

Cost Tracker Information for: Current Benefits

Deductible Tracker

	In-Network Total to Date	In-Network Limit	In-Network Remaining	Out-of-Network Total to Date	Out-of-Network Limit	Out-of- Network Remaining
John DOE	\$314.68	\$1,000.00	\$685.32	\$314.68	\$2,000.00	\$1,685.32
FAMILY	\$314.68	\$2,000.00	\$1,685.32	\$314.68	\$3,000.00	\$2,685.32

Your family deductible can be affected by the number of members covered under your plan. Please refer to your plan booklet for further details.

Out-of-Pocket Spending Tracker

	In-Network Total to Date	In-Network Limit	In-Network Remaining	Out-of-Network Total to Date	Out-of-Network Limit	Out-of-Network Remaining
John DOE	\$314.68	\$3,000.00	\$2,685.32	\$314.68	\$4,500.00	\$4,185.32
FAMILY	\$314.68	\$6,000.00	\$5,685.32	\$314.68	\$8,500.00	\$8,185.32

Amounts may apply to both In-Network and Out-of-Network limits. Please refer to your plan booklet for further details.

Plan Maximum Tracker

	In-Network Total to Date	In-Network Limit	In-Network Remaining	Out-of-Network Total to Date	Out-of-Network Limit	Out-of-Network Remaining
Lifetime Maximums						
John DOE	\$176.54	\$2,000,000.00	\$1,999,823.46	\$176.54	\$2,000,000.00	\$1,999,823.46

Related Links

[Claim Search](#)

[Member Summary](#)

[Cost Tracker](#)

[Insurance Information](#)

Resources

UHC and CIGNA Programs

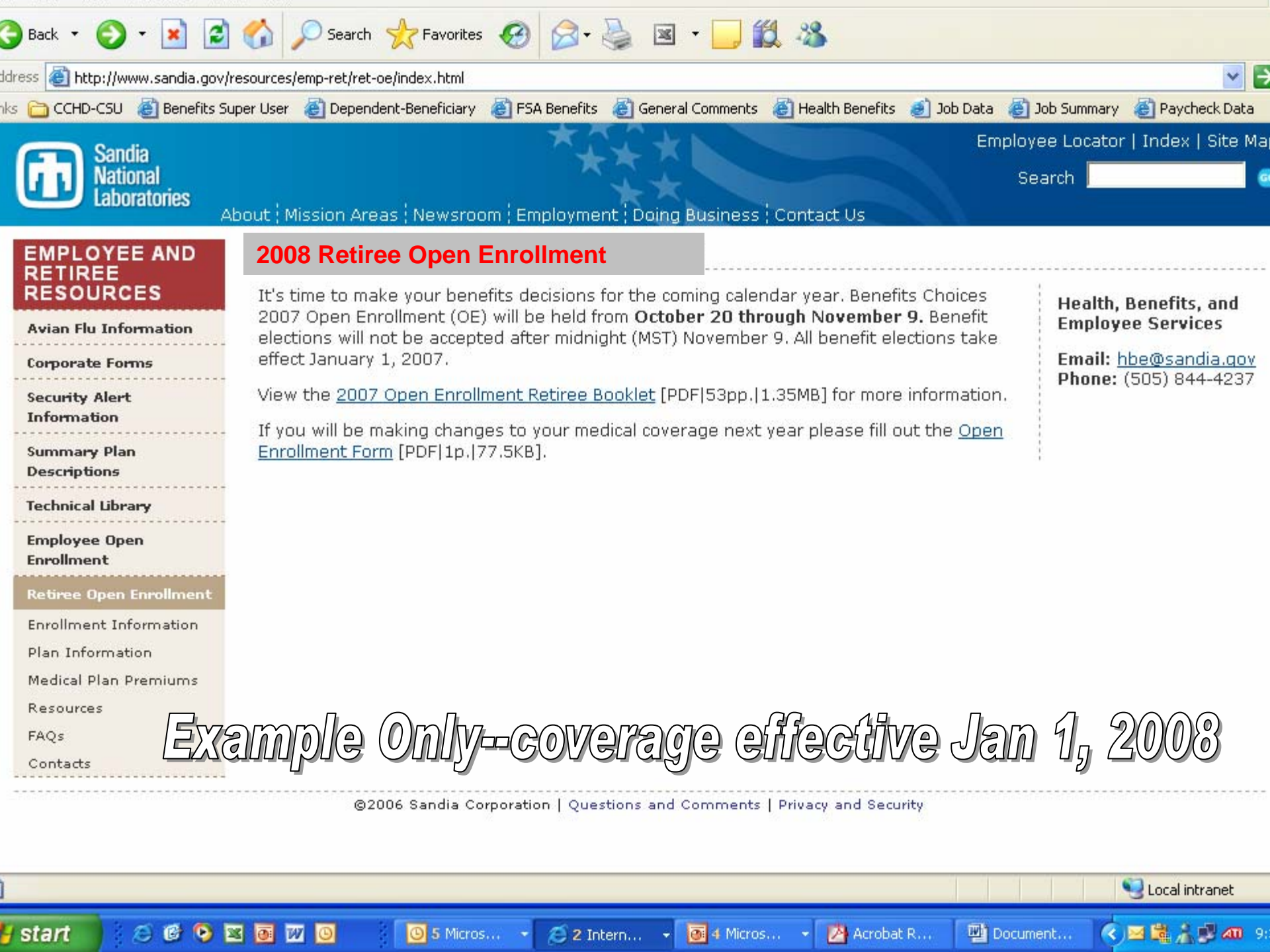
- ❖ **Disease Management** for chronic conditions such as asthma, diabetes, heart disease, low back pain and chronic-obstructive pulmonary disease
- ❖ **Nurse Advice Line** available 24 hours a day, seven days a week (UHC 1-800-563-0416) (CIGNA 1-800-564-9286)
- ❖ **Discount Programs**
 - UnitedHealth Allie discounts for cosmetic dental services, massage therapy hearing tests and devices, etc. (www.unitedhealthallies.com or 1-800-860-8773)
 - CIGNA Healthy Rewards discounts for weight management programs, massage therapy, acupuncture, dental care, vitamins and herbal supplements, etc. (www.mycigna.com or 1-800-244-6224)

2008 Dental Overview

- Delta Dental remains the Administrator
- No changes to dental plans in 2008
- No premium-sharing required



Open Enrollment Information



EMPLOYEE AND RETIREE RESOURCES

Avian Flu Information

Corporate Forms

Security Alert Information

Summary Plan Descriptions

Technical Library

Employee Open Enrollment

Retiree Open Enrollment

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2008 Retiree Open Enrollment

It's time to make your benefits decisions for the coming calendar year. Benefits Choices 2007 Open Enrollment (OE) will be held from **October 20 through November 9**. Benefit elections will not be accepted after midnight (MST) November 9. All benefit elections take effect January 1, 2007.

View the [2007 Open Enrollment Retiree Booklet](#) [PDF|53pp.|1.35MB] for more information.

If you will be making changes to your medical coverage next year please fill out the [Open Enrollment Form](#) [PDF|1p.|77.5KB].

Health, Benefits, and Employee Services

Email: hbe@sandia.gov

Phone: (505) 844-4237

Example Only--coverage effective Jan 1, 2008

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Only if you want to make a change...

HBE Health Benefits Employee Services

OPEN ENROLLMENT CHANGE FORM 2008

Follow the instructions below to make changes to your 2008 medical coverage.

STEP 1: Are you making any changes to your medical coverage for next year?

☐ No No action is necessary. **DO NOT RETURN THIS FORM.**

☐ Yes Continue to Step 2.

STEP 2: Do you want to change your medical plan for next year?

☐ No Continue to Step 3.

☐ Yes Choose the medical plan(s) for you and/or your family below:

Non-Medicare Member Plans		Medicare Member Plans		Include Prescription Drug?	
<input type="checkbox"/>	UHC Premier PPO	<input type="checkbox"/>	UHC Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
<input type="checkbox"/>	UHC High Deductible Health	<input type="checkbox"/>	UHC Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
<input type="checkbox"/>	CIGNA Premier PPO	<input type="checkbox"/>	Presbyterian MediCare PPO (No corresponding non-Medicare Plan is available)	(not optional)	
<input type="checkbox"/>	CIGNA In-Network (No corresponding Medicare Plan is available)	<input type="checkbox"/>	CIGNA Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
<input type="checkbox"/>	Kaiser Permanente HMO	<input type="checkbox"/>	Lovelace Senior Plan (No corresponding non-Medicare Plan is available)	(not optional)	
		<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No*
		<input type="checkbox"/>	Kaiser Permanente Senior Advantage	(not optional)	

***If you waive prescription drug coverage under your Medicare Plan, your Non-Medicare dependents will also have no prescription drug coverage.**

STEP 3: Do you want to add or drop dependents for medical or dental for next year?

☐ No Continue to Step 4.

☐ Yes Use the table below to add or drop your dependents.

Add/Drop	Name	Relationship	Birth Date	Medical	Dental
Add	John Smith	Son	7/16/85	Yes	Yes

STEP 4: Please print your name and phone number below:

Name (print) _____

Phone Number _____ Social Security Number: _____

STEP 5: Sign and mail this form in the envelope provided **postmarked by November 9, 2007.**

Signature _____ Date: _____

Do I Need to Take Action?

	Action	No Action
Medical Coverage	<ul style="list-style-type: none"> <input type="checkbox"/> To enroll if not currently enrolled <input type="checkbox"/> To change your current medical plan <input type="checkbox"/> To add or disenroll a dependent 	<ul style="list-style-type: none"> <input type="checkbox"/> To continue current medical plan coverage <input type="checkbox"/> If you waived medical coverage previously and wish to remain in this status
Dental Coverage	<ul style="list-style-type: none"> <input type="checkbox"/> To enroll if not currently enrolled <input type="checkbox"/> To add or disenroll a dependent 	<ul style="list-style-type: none"> <input type="checkbox"/> To continue dental coverage <input type="checkbox"/> If you waived dental coverage previously and wish to remain in this status



Sandia Benefits Contacts

Sandia Open Enrollment website at www.sandia.gov

Resources for...

- Employees and Retirees
 - Retiree Open Enrollment

Benefits Customer Service Center

(505) 844-HBES (4237) or

(800) 417-2634, ext. 844-HBES (4237)

Fax # (505) 844-7535

If you have questions you can...

- Send an email to HBE@sandia.gov OR
- Go to <http://www.sandia.gov>
 - click on Employees & Retirees
 - click on HBE Weekly Update
 - click on **? Get answers**



Health
Benefits
Employee Services

Open Enrollment Period

October 20 – November 9, 2007

**No changes to any of your
open enrollment
elections will be allowed
after midnight on
November 9**



Questions ?